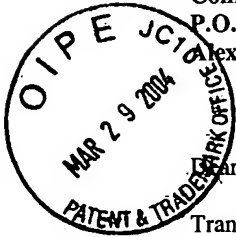


2133
13

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 010411
In Re Application of: HURT et al.
Serial Number: 10/020,532
Filed: 12/14/2001
Examiner: S.M. BAKER
Group Art Unit: 2133

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.
In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (1) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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Technology Center 2100

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--|--|---|---|------------------|----------|
| Total* | 25 | 27 | 0 | x \$18 = | \$0.00 |
| Independent** | 9 | 9 | 0 | x \$86 = | \$0.00 |
| Multiple Dependent Claim(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$290 | \$0.00 |
| EXTENSION FEES | | | <input checked="" type="checkbox"/> One Month | \$110 | \$110.00 |
| | | | <input type="checkbox"/> Two Months | \$420 | \$0.00 |
| | | | <input type="checkbox"/> Three Months | \$950 | \$0.00 |
| INFORMATION DISCLOSURE STATEMENT | | | <input type="checkbox"/> After First Office Action | \$180 | \$0.00 |
| | | | <input type="checkbox"/> After Final Office Action | \$130 | \$0.00 |
| TERMINAL DISCLAIMER | | | | \$110 | \$0.00 |
| | | | | TOTAL FEE | \$110.00 |

*If the number in column a is less than 20, enter 0 in column c.

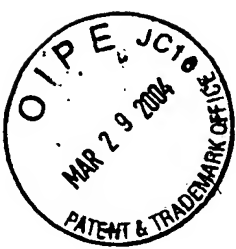
**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 3/25/2004

Signature:

Sandra L. Godsey
Sandra L. Godsey, Reg. No. 42,589
(858) 651-4517QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 651-4125
Facsimile: (858) 658-2502



HSP/4-6-04
v. 3 (res)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application
No. 10/020,532

For: METHOD AND APPARATUS
FOR CODING BITS OF DATA
IN PARALLEL

James Y. Hurt et al.

Examiner: Stephen M. Baker

Filed: December 14, 2001

) Group No. 2133

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MAR 31 2004

RESPONSE TO OFFICE ACTION

Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated December 4, 2003 please amend the above-identified application as indicated below. Applicant hereby petitions a one (1) month Extension of Time.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

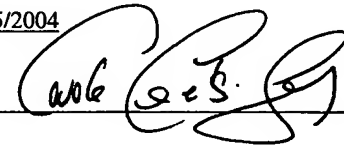
I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Carola Emelius-Swartz
(type or print name)

Date: 3/25/2004

Signature: 

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

03/30/2004 RMEBRAHT 00000060 170026 10020532

01 FC:1251 110.00 DA